

ADMINISTRATIVE DISQUALIFICATION HEARING NOTICE

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Name	Date Mailed to Participant		
Social Security Number (SSN)	Case Number		
Address	City	State	Zip Code
<p>We believe you received Wisconsin Works (W-2) payments to which you were not entitled by:</p> <p>a) intentionally making a false or misleading statement; b) intentionally misrepresenting or withholding facts; c) committing an act intending to mislead, misrepresent, or withhold facts.</p> <p>Period in which you received W-2 incorrectly: ____/____/____ to ____/____/____. Amount of W-2 overpayment: \$_____</p>			
<p>We believe you received Child Care Assistance (CC) to which you were not entitled by:</p> <p>a) intentionally making a false or misleading statement; b) intentionally misrepresenting or withholding facts; c) committing an act intending to mislead, misrepresent, or withhold facts.</p> <p>Period in which you received Child Care incorrectly: ____/____/____ to ____/____/____. Amount of CC overpayment: \$_____</p>			
<p>We believe you received Aid to Families with Dependent Children (AFDC) benefits to which you were not entitled by:</p> <p>a) intentionally making a false or misleading statement; b) intentionally misrepresenting or withholding facts; c) committing an act intending to mislead, misrepresent, or withhold facts.</p> <p>Period in which you received AFDC incorrectly: ____/____/____ to ____/____/____. Amount of AFDC overpayment: \$_____</p>			
<p>We have determined that you intentionally violated a Food Stamp Program rule by:</p> <p>a) misrepresenting program eligibility to receive (or attempted to receive) FS benefits not entitled, b) engaged in trafficking or fraudulent use of the FS benefits.</p> <p>Period in which you received Food Stamps incorrectly: ____/____/____ to ____/____/____. Amount of FS overissuance: \$_____</p>			
The alleged violation is:			
The following evidence supports this allegation:			

An Administrative Disqualification Hearing has been scheduled to review this evidence and determine if the allegation is true. The date of the hearing is listed below. **Your failure to appear at this hearing without good cause will result in a decision by the hearing officer based solely on the information provided by the local agency at the hearing.**

Hearing Date: ____/____/____	Hearing Time: _____
Hearing Location: _____	

Copies to: Participant, Division of Hearings and Appeals, Case Record

OVER

BE SURE TO READ THIS IMPORTANT INFORMATION ABOUT YOUR HEARING

You or your authorized representative may review this evidence by contacting the person listed below to schedule an appointment.

Agency Representative:	Phone: ()
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YOU HAVE THE RIGHT TO:

- Look at the evidence that will be used at the hearing both before and during the hearing. Please call the W-2, county or tribal human/social services agency if you wish to look at the evidence before the hearing.
- Present your own case or have someone present your case for you such as a lawyer, a friend, a relative or a community worker. Refer to your *Rights and Responsibilities* and *Fair Hearings* pamphlets to obtain a list of agencies that provide free legal representation.
- Ask us to delay your hearing for up to 30 days if you need more time to prepare your case. To obtain a postponement, contact the Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875, at least 10 days before the hearing.
- Obtain a postponement for a good cause reason within 10 days of the date of the hearing by contacting the Division of Hearings and Appeals at the address listed above.
- Bring your own witnesses.
- Argue your case freely.
- Question any evidence or statements made against you.
- Bring any evidence to the hearing that would support your case.
- Remain silent concerning the charges, as anything said or signed by you could be used against you in a court of law.
- Waive your right to an Administrative Disqualification Hearing by contacting your worker to complete a waiver form (DES-10797) and agree to all of the consequences on that agreement.

This hearing does not preclude the District Attorney from prosecuting you for an intentional program violation in a civil or criminal court action, or from the agency collecting an overpayment. The individual and the remaining members of the assistance group will be responsible for the repayment of the overpayment.

If the hearing officer decides that you intentionally violated a program rule and you are:		
Currently receiving Wisconsin Works (W-2), you will:		
<input type="checkbox"/> Receive one (1) strike because this was your first violation. There is no disqualification period.	<input type="checkbox"/> Receive two (2) strikes because this was your second violation. There is no disqualification period.	<input type="checkbox"/> Receive three (3) strikes and be permanently disqualified from the program.
Currently receiving Child Care Assistance, you will:		
<input type="checkbox"/> Receive one (1) strike because this was your first violation. There is no disqualification period.	<input type="checkbox"/> Receive two (2) strikes because this was your second violation. There is no disqualification period.	<input type="checkbox"/> Receive three (3) strikes and be permanently disqualified from assistance.
You will be immediately disqualified from Food Stamps for:		
<input type="checkbox"/> One (1) year because this was your first violation.	<input type="checkbox"/> Two (2) years because this was your second violation.	<input type="checkbox"/> Permanently because this was your third violation.